

Bridging for LOW RISK mechanical heart valves prior to elective surgery- (Read with mechanical heart valve bridging guidance.)

		Day- 6	Day- 5	Day -4	Day- 3	Day -2	Day- 1	Day 0 surgery day	Day + 1	Day +2	Day +3
Check INR		✗	✗	✓	✗	✗	✗	✓ Before surgery		✓ If in range stop all other anticoagulants	✓ If in range stop all other anticoagulants
Warfarin 1800 hrs		Usual dose	OMIT	OMIT	OMIT	OMIT	OMIT	Usual dose 1. Low bleeding risk-discuss with surgeon/anaesthetist. 2. No epidural present.			
Enoxaparin 1mg/kg up to weight 150kg and creatinine clearance ≥ 30mls.	08:00	OMIT	OMIT	OMIT	GIVE *	GIVE*	GIVE*	OMIT	OMIT	OMIT	GIVE* Unless on UFH
	18:00	OMIT	OMIT	GIVE*	GIVE*	GIVE*	OMIT	OMIT	OMIT	GIVE* ** omit and consider UFH for epidurals etc.	GIVE* Unless on UFH
prophylactic LMWH.	18:00	OMIT	OMIT	OMIT	OMIT	OMIT	OMIT	GIVE	GIVE	OMIT	

* GIVE if INR <2.0 aortic valve replacement (simple AVR)

NB: if your patient weighs more than 150kg or their creatinine clearance <30ml they will need to be admitted for an unfractionated heparin infusion before surgery once their INR falls below their therapeutic range, usually day -4 before surgery.

****INSITU EPIDURAL/REGIONAL CATHETER OR LUMBAR DRAIN- Do not give warfarin while catheter in situ. Consider unfractionated heparin (UFH) infusion Day +2 until catheter removed (discuss with anaesthetist and read Adult Epidural Infusion policy [BSUH C040 on Microguide](#)).**